

10/577,618

IAP13 Rec'd PCT/PTO 19 OCT 2006

Practitioner's Docket No. U 016272-1

Optional Customer No. Bar Code



00140

PATENT TRADEMARK OFFICE

BEST AVAILABLE COPY

CHAPTER II

TRANSMITTAL LETTER  
TO THE UNITED STATES ELECTED OFFICE (EO/US)  
(ENTRY INTO U.S. NATIONAL PHASE UNDER CHAPTER II)

INTERNATIONAL APPLICATION NO.	INTERNATIONAL FILING DATE	PRIORITY DATE CLAIMED
PCT/IL2004/000993	29 OCTOBER 2004	30 OCTOBER 2003
TITLE OF INVENTION		

SAFETY DRUG HANDLING DEVICE

APPLICANT(S)

1. KRAUS, Menachem
2. SHEMESH, Eli

Mail Stop PCT  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

ATTENTION: EO/US

**LETTER RE: REQUEST FOR NOTICE OF MISSING PARTS**

We note upon review of our file that we have not received the Notice of Missing Parts

**CERTIFICATION UNDER 37 C.F.R. 1.10\***

*(Express Mail label number is mandatory.)*  
*(Express Mail certification is optional.)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date **October 19, 2006**, in an envelope as Express Mail Post Office to Addressee," mailing Label Number **EV 815 586 399 US**, addressed to the: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

GERALDINE MARTI

*(type or print name of person mailing paper)*

Signature of person mailing paper

**WARNING:** Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

**\*WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

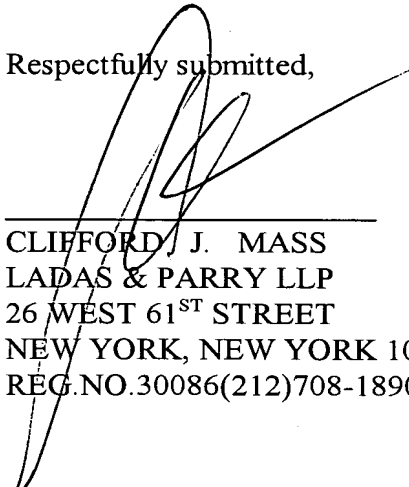
**EXPRESS MAIL LABEL**  
**NO.: EV 815 586 399 US**

for the above-referenced application.

**BEST AVAILABLE COPY**

Kindly advise the undersigned attorney with respect to this matter.

Respectfully submitted,



---

CLIFFORD J. MASS  
LADAS & PARRY LLP  
26 WEST 61<sup>ST</sup> STREET  
NEW YORK, NEW YORK 10023  
REG.NO.30086(212)708-1890

Tel. No.: ( )

**Please Rush To Addressee**

RECEIVED  
OCT 20 2006  
USPTO MAIL CENTER

VICE®



www



**PINEY BOWIE'S**

**\$18.80<sup>0</sup>**

02 15 OCT 19 2006  
0004612822  
MAILED FROM ZIP CODE 10023

JNT

**FOR PICKUP OR TRACKING CALL 1-800-222-1817**

USPTO MAIL CENTER  
OCT 19 2006  
PRESS MAIL LABEL DATE IN



EV815586399US



**EXPRESS**  
**MAIL**

UNITED STATES POSTAL SERVICE®

## Post Office To Addressee

**Addressee Copy**  
Label 11-F, April 2004

Label 11-F, April 2004

ORIGINAL (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery		
Date Accepted	<input type="checkbox"/> Night <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day Scheduled Date of Delivery		
Mo.   Day   Year	Month   Day	<input type="checkbox"/> Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	
Time Accepted	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military	Total Postage & Fees Insurance Fee	
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha County Code	Acceptance Emp. Initials	
lbs.   ozs.			
CUSTOMER USE ONLY			

DELIVERY (POSTAL USE ONLY)		Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

☐ **WAIVER OF SIGNATURE (Domestic Mail Only)** Additional mechanical instructions: If a waiver of signature is requested, the delivery address must be clearly legible and the delivery must be made during normal business hours. The carrier will attempt to deliver the mail piece and will leave a notice of attempted delivery (NAD) in the mailbox. The carrier will not be responsible for the return of the mail piece if the carrier is unable to deliver it.

NO DELIVERY ☐ **Worked** ☐ **Refused** \_\_\_\_\_

Customer Signature \_\_\_\_\_